

ER 11-5719/a

7 July 1959

Card
Dr. Robert M. Farrier
Assistant Director
The Clinical Center
National Institutes of Health
Bethesda 14, Maryland

Dear Bob:

The Boss read the attached with interest and asked that I inquire of you to determine whether you or any of your people know anything about it.

I can be reached on Agency extension [redacted] and would appreciate a call at your convenience.

STAT

With kindest regards,

Sincerely,

[redacted]

[redacted]
Assistant to the Director

STAT

Enclosure

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11-5719

The Manfred Sakel Foundation

17 East 63rd St., New York 21, N.Y. TEmpleton 8-5634

*For the Forgotten Sufferer:
The Man or Woman
who is unnecessarily confined
to a mental institution*

June 23, 1959

*E.R.
file*

Dear Mr. Dulles:

Because you have shown such sympathy with the problems of schizophrenia and such understanding of our efforts to help continue and develop the work started by Dr. Manfred Sakel, I am sure you will be more than interested in the attached two reprints from The New York Times.

The report by William L. Laurence of the recent meeting of the American Psychiatric Association in Philadelphia tells of the renewed scientific recognition by the highest medical authorities of the Sakel insulin shock method as the most effective treatment for schizophrenia today. Then came Dr. H. Peter Laqueur's paper of his eight year study. So encouraging was this report of advancement in the fight against mental illness, that it merited a rousing editorial by The Times three days later.

To all of us who support the Manfred Sakel Foundation, these two reprints tell a story of progress and hope that might not be possible without our contributions.

Now that research in this field is coming along so fast, as Mr. Laurence's article testifies, now that the Sakel treatment has been simplified, your contribution counts more than ever, to help speed up this encouraging research and aid in the training of more and more psychiatrists in the modernized techniques of administering insulin therapy.

The check you mail in the enclosed envelope will, in the words of The New York Times, help "open the way to the eventual elimination of one of mankind's greatest scourges."

Very sincerely,
Louis S. Gimbel

Mrs. Louis S. Gimbel, Jr., Vice-President
The Manfred Sakel Foundation

THE NEW YORK TIMES, SUNDAY, MAY 3, 1959.

SCIENCE IN REVIEW

New Method of Administering Insulin Shock for Schizophrenia Reported

BY WILLIAM I. LAURENCE

Leaders in psychiatry have generally agreed that the best available approach to the treatment of schizophrenia is the method known as insulin shock therapy. In this procedure a massive dose of insulin produces a state of profound coma by suddenly depriving the brain of sugar, the brain's fuel. But the fact that the method involved considerable danger and required great skill had until now stood in the way of its general acceptance.

A much simplified method that promises greatly to reduce the danger and thus to make the benefits of insulin therapy generally available at last to the vast population of schizophrenics in our mental hospitals, was described last week at the annual meeting of the American Psychiatric Association of Philadelphia.

Schizophrenia, in which the victim withdraws from reality and lives in a world of hallucinations and delusions, is the most serious of the mental illnesses that afflict 16,000,000 Americans in some degree and fill every second hospital bed. Its cause is the greatest mystery confronting medical science, greater than the mystery of cancer, heart disease and all other physical ills of mankind.

Long Illness

Schizophrenia most often appears in the age range of fifteen to forty-four years. About 21 per cent of all admissions to state mental hospitals each year are schizophrenics. Because of the relative youth of schizophrenic patients on admission to hospitals and their relatively low death rate, those schizophrenic patients who are not discharged tend to accumulate from year to year and to make up a great part of the mental hospital population. In 1955 they made up about 58 per cent of the patient population in New York State mental hospitals.

The first and by far the most important discovery in the treatment of schizophrenia came in 1927, when the late Dr. Manfred Sakel, then a 27-year-old psychiatrist at the University of Vienna hospital, observed that the mind of a schizophrenic patient, who was also a diabetic, cleared up temporarily after an accidental overdose of insulin. Following up this clue, Dr. Sakel, at the risk of his medical career, deliberately administered an overdose of insulin to another schizophrenic patient and observed a similar temporary clearing up of the patient's mind. For the first time in medical history a pharmacological approach to the treatment of schizophrenia had been discovered.

Step by step Dr. Sakel developed the technique of insulin shock therapy for schizophrenia. The heart of the treatment is the production of a state of profound coma by the administration of an overdose of insulin; the deeper the coma the more pronounced the results. To bring about lasting remissions, a series of deep-coma insulin shocks was found necessary, the number of shocks as well as the dose varying with each patient.

Deep Coma

Dr. Sakel found that to obtain the best and most lasting results it was necessary to bring the patient as close as possible to the tenuous borderline separating life from death, and to keep the patient in that twilight zone for as long a period as possible. At the slightest sign of danger the patient would quickly be brought out of the coma by the administration of sugar and other medications. All this meant that the technique was as much an art as a science, keeping the psychiatrist in attendance under a great strain for many watchful and anxious hours.

Because psychiatrists, including at first Dr. Sakel himself, believed that it was the convulsions produced by the insulin shock that brought about the beneficial results, less dangerous methods for bringing about such convulsions were sought. At first the drug metrazol was used as a substitute for insulin, but this also had its dangers. This was soon followed by the development of the now widely used needed to produce com-

electroshock method, in which shock and convulsions are produced by applying a small electric current to the brain.

These developments soon led to one of the greatest controversies in modern psychiatry. Dr. Sakel contended that the convulsions were merely incidental, that the beneficial results were due—in a way not understood—to the physiological and pharmacological action of the insulin on the central nervous system in general and particularly on the chemistry of the brain. He further contended that while electroshock yielded some superficially beneficial results on some of the milder psychoses, it had no effect whatsoever on schizophrenia.

Mixed Data

The situation was confused by conflicting data on the results of the insulin shock method from various mental hospitals, some reporting a much higher percentage of remissions than others. Dr. Sakel contended that those reporting poor results were not using the method properly.

The International Conference on the Insulin Treatment in Psychiatry, held at the New York Academy of Medicine last October, concluded that "the insulin treatment introduced by Sakel thirty years ago is still the best treatment for schizophrenia." However, many modifications of the original method were discussed, and the enhancement of insulin therapy by using it in conjunction with tranquilizers and electric shock was considered.

The latest method was described last week by Dr. H. Peter Laqueur, supervising psychiatrist, and Dr. Harry A. LaBurt, director, both of the Creedmoor State Hospital, Queens Village, New York City. It consists essentially of two parts: (1) The administration of the insulin in multiple moderate doses, the total of the multiple doses consisting of fewer units than the usual large single dose in the older techniques; (2) controlling the food intake of the patients. This makes it possible "to determine the doses of insulin necessary to produce deep coma with greater precision than with the old methods, thereby avoiding overdoses."

"Our method," Drs. Laqueur and LaBurt reported, "is based on the principle that insulin—unit for unit—is more potent if administered gradually over a certain time than if given in one single dose all at once. The reasons for this difference in potency are still not completely understood."

Smaller Doses

By the multiple dose method, they reported, "we regularly obtain deep coma in our patients with total doses of 60 to 70 units of insulin, usually administered in three injections of 20 units each, or of one injection of 30 units and two of 20, with intervals of 15 minutes between the individual injections." By the single dose methods, doses as high as 800 to more than 2,000 units were given.

The new technique, the report states, resulted in the recovery of 78.5 per cent of the 255 treated patients "to such a degree that they can live and work again in the community."

One of the newer developments in insulin therapy was outlined at a roundtable at the A.P.A. meeting, moderated by Dr. Max Rinkel of the Massachusetts Mental Health Center's Research Division, Boston.

The newer development, Dr. Rinkel stated, has come about as the result of the isolation from the pancreas of glucagon, the substance that increases the level of sugar in the blood, thus producing a reaction opposite to that of insulin.

Glucagon in minute doses has recently been used experimentally in the termination of insulin coma. It is believed that insulin prepared from pancreas extracts contained small doses of this blood sugar-elevating substance, thus necessitating larger doses of insulin to overcome its anti-coma effect. Its discovery and purification, Dr. Rinkel pointed out, may therefore reduce the quantities of insulin



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THE NEW YORK TIMES, WEDNESDAY, MAY 6, 1959.

Progress on Schizophrenia

By far the most tragic form of all the afflictions of the mind and the emotions is schizophrenia, a dreadful state in which the victim withdraws from reality into a world of hallucinations and delusions. About 21 per cent of all admissions to state mental hospitals are schizophrenics and because of their relative youth on admission and their relatively low death rate their numbers tend to accumulate from year to year, so that they make up a great part of the mental hospital population.

The underlying cause or causes of schizophrenia constitute a mystery as great as the mystery of the mind itself. And while nature has on occasion brought about the spontaneous clearing up of a victim's mind, it was not until 1927 that the late Dr. Manfred Sakel, then a young psychiatrist on the staff of the University of Vienna Hospital, accidentally came upon the important discovery that a state of shock and coma produced by an overdose of insulin, repeated a number of times, led to a clearing up of the schizophrenic's mind in a large number of cases. This discovery revealed that diseases of the mind may be alleviated, and in many cases even healed, by chemical means, thus offering the first hint that so-called mental disease may not be mental after all.

Though simpler methods of producing shock, particularly electroshock, had been introduced in the past quarter century, an international conference held in New York last October concluded that "the insulin treatment is still the best treatment for schizophrenia." Unfortunately, however, the method developed by Sakel required, for best results, the bringing of the patient as closely as possible to that tenuous borderline separating life from death. The fact that the method involved considerable danger and required great skill therefore presented a formidable roadblock to its general acceptance.

Now comes the report from Creedmoor State Hospital at Queens Village, New York, presented at the meeting of the American Psychiatric Association at Philadelphia by Drs. H. Peter Laqueur and Harry A. LaBurt, that they have developed a modified method for administering insulin coma that "considerably reduces the dangers and cost of the treatment while the benefits are fully sustained." This is, indeed, news of the greatest significance. It removes the greatest obstacle that has stood in the way of the general application of what is now universally accepted as the best method for returning the victim of schizophrenia back to the world of reality. What is more, it promises to lead to a better understanding of the chemical and physiological causes responsible for the condition and thus to open the way to the eventual elimination of one of mankind's greatest scourges.

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